

**TESTIMONY OF JEANNE MILSTEIN, CHILD ADVOCATE**  
**BEFORE THE SELECT COMMITTEE ON CHILDREN**  
FEBRUARY 8, 2011

Good morning, Representative Urban, Senator Musto and members of the Committee. I appreciate the opportunity to testify in support of Proposed Senate Bill No. 198, An Act Concerning Riverview Hospital.

**I support the concept of Proposed Senate Bill No. 198, An Act Concerning Riverview Hospital.** Riverview is the only state-operated psychiatric hospital for children remaining in New England. The Office of the Child Advocate has had concerns for many years about the practice of treating children's serious, chronic mental health conditions in a large, centralized institution rather than in their communities and in proximity to their families.

In recent months, Riverview has demonstrated significant improvements in some areas, such as reductions of seclusion and restraint rates and delays in discharging children to less restrictive settings.

However, I remain troubled. Although there has been promising reform during the last year, I worry about the sustainability. In addition, at what cost do these changes come?

According to the State Comptroller's office, treatment at Riverview Hospital in Fiscal year 2008-2009 cost Connecticut over \$820,000 annually, per patient. This is simply not acceptable, especially given the current economic climate.

I maintain my position that we should work towards the closure of a state operated psychiatric hospital for children. However, Connecticut currently does not have the capacity to meet the hospitalization needs of all of its children. Therefore, Riverview CANNOT close right now. We must have a continuum of services, supports and acute inpatient and sub-acute beds in place. Until a plan is developed and implemented, children will not have the necessary options to meet their needs.

There is already limited access to hospital care, as evidenced by the increasing numbers of children with complex mental health issues and co-occurring developmental disabilities who are being sent out of state. In addition, fiscal issues, physical plant issues and workforce development must be considered. Children are continuing to languish in hospital emergency rooms, group homes and shelters. Inpatient beds are simply not available.

While I support increasing the capacity of private providers, most currently are unable to expand. Many of Connecticut's private facilities will have to enhance their campuses in order to accommodate an increase in more complicated children. In addition, some Connecticut providers may require support to bolster staff training and clinical expertise in order to absorb patients discharging from Riverview, half of whom are admitted by the juvenile court system for evaluations of competency or treatment needs.

It is imperative that Connecticut's providers also be engaged as full partners in planning. In addition, there would need to be a revamping of the reimbursements received by private insurance companies.

While I support the intention of Proposed House Bill No. 198, I must reiterate the importance of a thoughtful, strategic, and individualized approach to discharging the children in Riverview's care. It is very clear that Connecticut cannot afford to close Riverview Hospital tomorrow. However, my hope is that if the decision is made to close the hospital that a working group be immediately convened to begin the critical process of planning. While elimination of expensive institutional care for children is an exceedingly worthy goal, it will require preparation to bring this to fruition. It is of vital importance that Connecticut invest in the preventative "front end" of our continuum of mental health care, and that we engage providers and communities in developing the capacity to treat children in close proximity to their families.

Thank you.